



Training Application

PLEASE PRINT ALL INFORMATION



FOR STATE EMERGENCY MANAGEMENT AGENCY USE ONLY	
<input type="checkbox"/> TM Date Entered:	
Name:	Organization Represented:
Position in Organization:	Work Phone Number:
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	Number for Messages:
	Fax Number:
	<u>Email Address:</u>
Course Name:	Employer Name (If different than Organization):
Course Date(s):	Occupation (If different than Position):
I will need a hotel room*: Yes ____ No ____ EMA Status: Full Time ____ Part Time: ____ None: ____ <ul style="list-style-type: none">*More information on lodging will arrive approximately 2 weeks before class.If you live 75+ miles from the training site, you will receive lodging the night before class and, if it's a multi-day class, lodging during the classIf you live 50-74 miles from the training site, you will receive lodging during (not the night before the first day) the class IF it is a multi-day class.If you live less than 50 miles from the training site you will not receive lodging.	
Courses taken to meet prerequisite, including dates and location:	
If you have any special needs, please let us know how we can help:	
Briefly describe your activities or responsibilities as they relate to this course:	
Participant Signature:	Signature of Immediate Supervisor or EMA Director:
Date:	Date:
For additional information on Emergency Management Training contact Heather Stegerman at (317) 232-3984 Mail applications to Attn: Preparedness Division Secretary Indiana State Emergency Management Agency, 302 W. Washington Street E-208 Indianapolis, IN 46204. Applications may be faxed to 317-234-0736. For out of state courses, including application to the Emergency Management Institute, complete FEMA Form 75-5	